

Pictures, Stories, and Studies on Sensory Rooms from a Variety of Mental Health Settings

If you are developing a Sensory Room, plan to visit other facilities to see what décor and equipment has worked in their setting. Talk to their staff about good and bad experiences and ask for their input and recommendations. The following units have agreed to share pictures, choices for décor and equipment, and a few stories.

Neuropsychiatric Unit at UMASS Medical Center Adult Unit for Developmentally Delayed and Learning Challenged Patients with Psychiatric Issues

Kristin Schuler, occupational therapist, proudly shows the Sensory Room on her unit that serves adults who are usually in crisis that have learning challenges along with psychiatric issues. This room is open at times when supervision is available for “drop-in” patients and it is also used for individual treatment and small groups such as a Social Skills Group. The room is usually kept moderately bright. Patients are attracted to the bubble mirror on the back wall. Sensory items are kept in the cabinet or on the shelves of the bookcase where they are easily accessible. The weighted lap pad shown on the back of the chair is not nearly as popular as the 5 pound white rabbit or the 10 pound “heavy duty” dog. Other favorite activities include listening to music or books on tape such as classic fairytales, sorting and “sewing” activities, looking through pet magazines, and blowing bubbles, (good for breath support). Each evening the cleaning staff wipe everything used that day with germicidal disposable wipes and sanitation has not been an issue.



Patients love the room and find it a place of comfort. Kristin told me this story:

It was discovered that a man on the unit had a broken knuckle when staff noticed swelling. This man was unable to report pain due to his impaired cognition (ACL 3.0); he was uncooperative at times and had behavioral issues. He was occasionally self injurious. It was not known how the broken knuckle occurred. Knowing that his favorite place was the sensory room, the staff brought him there for assessment treatment for the knuckle. Kristin came back on the unit from lunch to find the hall full of x-ray machines and other equipment. The sensory room was coated with casting dust. Staff told her that they called for the orthopedic department to perform all necessary procedures there on the unit. It was a welcome surprise to unit staff that the patient was cooperative and even allowed the cast to be applied as he sat in his beanbag chair.



The story speaks for itself on the value and appreciation for this room by patients as well as staff on this unit.

were involved in group sessions in the room. Data also supports the use of the room by nursing as well as OT staff and active use by the evening shift.

Westborough State Hospital Mental Health Unit for Deaf Persons

Diane Trikakakis, occupational therapist, was instrumental in setting up a Comfort Room on her unit. The unit has a long history of incorporating sensory modalities into their programs. This approach was particularly successful for this population deprived of input from a critical sense.

The Comfort Room on the Deaf Unit at Westborough State Hospital is bright and cheery. It was designed to be safe enough to leave open 24/7 for patients to use throughout the day and evening without the need for constant supervision. The walls are painted with a palm tree theme and the ceiling is painted blue with clouds. There are no cabinets or sensory supplies in the room. Diane explains that the Comfort Room only has things inside that are safe for all patients to use including a Snozelen Huddle Cuddle Cushion, a bean-bag chair, a couple low to the floor rockers, weighted blanket, weighted stuffed dog, a punching bag, some squeeze balls, and a couple of scenic posters. Sensory items are kept in on a cart which can be wheeled into the room as needed.



Summit Behavioral Healthcare, Ohio Department of Mental Health Hospital

Kim White, OTR/L and her department staff designed a Sensory Room for their new hospital's "Recovery Mall." Kim shares they were overwhelmed at first, but she formed a small subgroup with two other practitioners and they each took on "assignments" to search for ideas, articles, and advice. One year later they have a fabulously outfitted room; they run three Sensory Awareness Groups weekly and patients are also seen on an individual basis. They purchased some high-tech items and low-tech items including a Somatron vibroacoustic chair, weighted blankets, platform swing (alerting), air walker swing (calming), and a dome light installed in the ceiling that changes hues and intensity in response to sound. Kim explains that she and her staff work with patients with high incidents of restraints and PRN meds. Kim sent this story:



We have one particular patient that in the course of 3 ½ weeks, had assaulted 7 staff or other patients, and attempted to assault 5 others. Because of her violence, she spent a great deal of time in wrist to waist restraints. Her last assault was on January 3rd, and we started 1:1 sensory treatment with her on January 10th. Since then she has not hit anyone! We can't take full credit, but I

know that her sensory treatment has been a significant contributor to her success.

Feedback from staff regarding the room has been positive but they are just starting to collect formal information on outcomes. **When helping a colleague start a new sensory program and Sensory Awareness Group Kim gave the testimony, “One book that has been extremely helpful (and affordable) is The Sensory Connection Program by Karen Moore, OTR/L.”**

For further information email whiteki@mh.state.oh.us

The Sensory Connection Program ©2008
www.sensoryconnectionprogram.com